

			Closing Date:	
	Account Number:			
		G	roup Number:	
	DECLARATION FOR T	ΓESTAMENT LE TRUSTEE)	ARY DEPOSIT	
1.	I,(Print or type name)	, declare th	at I am the Trustee of the above	
	(Print or type name) account (the "Account") and own all of the			
2.	I further declare that my intent in establishing the Account was to provide that the funds in the Account, upon my death, would be owned by the beneficiaries identified below.			
3.	The beneficiaries of the Account and the relationship of each of them to me are as follows:			
	NAME OF BENEFICIARY		RELATIONSHIP TO ME	
4.	Each of the above-named beneficiaries is indicate name and date of death:	presently living	g. If any beneficiary is deceased, plea	se
5.	Were the funds in this Account placed by you as (i) a trustee under a written trust agreem other than the account signature card, (ii) an agent, or (iii) attorney-in-fact? Yes N			
	If yes, attach a true, exact and complete of attorney as in effect on the closing date		agreement, agency agreement or po	we
5.	This declaration is made to induce the Federal Deposit Insurance Corporation to pay insurance covering the Account to the extent that the Account is covered by insurance.			
7.	This declaration, under penalty of perjury, is executed pursuant to 28 U.S.C. § 1746.			
decla	are under penalty of perjury that the foregoin	ng is true and co	orrect. Executed on:	,
			Cignoture of Trusts :	
			Signature of Trustee	

Financial Institution:

The penalty for knowingly making or inviting reliance on any false, forged or counterfeit statement, document or thing for the purpose of influencING in any way the action of the Federal Deposit Insurance Corporation is a fine of not more than \$1,000,000 or imprisonment for not more than THIRTY years, or both (18 U.S.C. § 1007).